

**Royal College of Psychiatrists NI (RCPsych NI) Response to:  
DoJ/DfC Joint Consultation on  
Anti-Social Behaviour**

**1.0 Introduction about RCPsych NI:**

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland, with particular input from our Addictions Psychiatry Faculty and our Forensic Psychiatry Faculty.

**2.0 General Comments:**

**We are providing a limited response to this Consultation as it covers a very wide area and much of this is not relevant to Mental Health Services and the Patients we serve.**

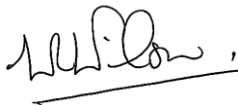
**2.1 We welcome the recommendations for positive requirements in section 4.12, which are in keeping with what has been introduced in England. The example of attendance at an Alcohol Awareness Course is very appropriate. This section rightly reflects on the need for discussion as to who should source the requirements, who should fund, who should supervise - and who would take action and what sanctions there are, if there is a lack of engagement.**

**2.2 In response to Q21, we do not feel it is appropriate or within the remit of the HSC Trusts to be responsible for supervising positive requirements or funding this service (Q22). Further to Q21, positive requirements will be applicable in different situations, dependent on individual needs and willingness to engage. We do not think that the**

specifics of “care and treatment plans” should be included in positive requirements. This is because care and treatment plans are based on Clinical Assessment and not on an Order. A more appropriate Order therefore would be “to engage in treatment as directed by the treating Psychiatrist.” This is combining the reality in practice with the status of an Order. This has been found to be successful in other Court mandates. However, we would envisage that there would be a need for some form of governance link between the Clinical Services and the Monitoring System - but not for Services themselves to do the monitoring or ensure compliance.

**2.3 If these arrangements are to have a real meaning and benefit in practice, there will be a requirement for a proper Mental Health Court Liaison Service, as has been previously recommended. This is to ensure that the Courts have the right information in making determinations and that realistic requirements are made.**

**Dated: 1<sup>st</sup> March 2024**

A handwritten signature in black ink, appearing to read 'R. Wilson', with a horizontal line underneath it.

**Dr Richard Wilson Chair RCPsych NI & Vice President RCPsych  
- on behalf of RCPsych NI**

**Contact Details: [thomas.mckeever@rcpsych.ac.uk](mailto:thomas.mckeever@rcpsych.ac.uk)**